

## COVID-19 testing strategy – 21 September 2020 to 4 October 2020

### Purpose

1. This document provides an update to the COVID-19 testing strategy that commenced on 5 September 2020. This update is part of the broader ongoing testing strategy [https://www.health.govt.nz/system/files/documents/pages/new\\_zealands\\_national\\_testing\\_strategy\\_for\\_covid-19\\_for\\_june\\_to\\_august\\_2020-290620\\_0.pdf](https://www.health.govt.nz/system/files/documents/pages/new_zealands_national_testing_strategy_for_covid-19_for_june_to_august_2020-290620_0.pdf)
2. The update takes into account the status of the Auckland August cluster and the movement of the Auckland region from Alert Level 3 to Alert Level 2.5 on 31 August 2020. It also takes into account the potential movement down alert levels for both Auckland (down to Alert Level 2) and the rest of New Zealand (down to Alert Level 1) in the week of 21 September 2020.
3. This updated testing strategy will be implemented from the two weeks commencing 21 September 2020.

### Context

4. The Auckland August cluster of COVID-19 began with a case notified on 11 August 2020. As at 0900 14 September 2020 there have been 178 cases associated with this cluster. Most of the cases are in the Auckland region, however four cases linked to the cluster occurred in Tokoroa, Waikato region.
5. Since 11 August 2020 the cluster has spread through households to workplaces and to other settings. Most cases in this cluster are Pacific peoples or Māori. Of note, however, one sub-cluster is in the MELAA community.
6. On 13 September, a quarantine facility health care worker tested positive for COVID-19. This case is genomically linked to the Auckland August cluster and is also epidemiologically linked to a case from the cluster that was in the Jet Park quarantine facility.
7. Almost all cases are epidemiologically linked but there are six groups / individuals where epidemiological links have not been established. These unlinked groups / individuals are linked through whole genome sequencing (WGS) and investigations to epidemiologically link these cases are ongoing.
8. The Auckland region was put into Alert Level 3 on 12 August 2020 and moved into Alert Level 2.5 on 31 August 2020. The change in Alert Levels means that Aucklanders have increased mobility both within and outside of Auckland. This increased mobility means there is an increased risk of community transmission, particularly if there are as yet unidentified cases that are part of the cluster.

9. Further potential reductions in alert levels may occur across the country during the week beginning 21 September 2020 and will result in further increases in mobility as will the beginning of school holidays on 26 September 2020.
10. The approach to managing this outbreak and preventing further community transmission continues to be:
  - a. Containment – rigorous case investigation, identification of close contacts and isolation and testing to ensure that the chain of transmission is broken
  - b. Source attribution – acknowledging that the source may never be known.
11. COVID-19 testing is integral to this approach.
12. The current 7-day test average nationally (on 14 September 2020) is 7059 tests a day. This level of testing has been successful in:
  - a. Quickly identifying cases in the Auckland region
  - b. Providing reassurance that the cluster is contained mainly to Auckland (with 4 related cases in the Waikato).
13. The health care worker had been tested as part of the routine surveillance testing introduced at the border and had had a negative test on 6 September 2020. She subsequently was tested on 11 September as part of routine surveillance testing and reported as positive on 12 September.
14. Overall, a small number of cases continue to be identified as part of the Auckland August cluster. Mostly these cases are in known close contacts already in self-isolation.
15. The emergence of a new sub-cluster as well as the presentation of a case in a health care worker reinforces the importance of remaining vigilant and not easing off testing efforts. Messaging around the importance of close contacts quarantining also needs to be reinforced.
16. Testing efforts need to be maintained to ensure that, with the increased mobility of Aucklanders, any new community cases outside of the current cluster are quickly identified and managed – both within and outside of Auckland.
17. This document updates the testing strategy for the two weeks commencing 21 September 2020 to ensure that we continue to:
  - a. Quickly identify any new cases in the Auckland August cluster (containment and source ascertainment)
  - b. Quickly identify any undetected community transmission in New Zealand
  - c. Implement a level of testing across New Zealand to ensure that any cases as a result of the increased mobility by Aucklanders as alert levels change are quickly identified and managed
  - d. Provide reassurance that the border is secure, including working to embed the updated testing regime at the border.

## Testing approach

18. Current evidence continues to suggest that the current cluster is confined within the Auckland region with four linked cases in the Waikato.
19. The cluster is occurring mainly in the Pacific community – a number of ethnic sub-groups within the Pacific community are affected. Several hundred possible contacts have been identified – mainly from Auckland churches.
20. However, there continue to be cases where epidemiological links have yet to be identified. There also continue to be issues with disclosure and quarantine of close contacts.
21. Most recently a case has emerged in a health care worker who appears to have been infected by a case in the quarantine facility.
22. Taking the above into account, the testing approach for the next two weeks should continue to be focussed on the Auckland region among Pacific peoples and Māori communities. The Auckland Regional Public Health Service should continue establishing relationships with key community groups to ensure that containment of the cluster continues.
23. Access to testing across Auckland should also continue and Community Testing Centres should continue to be set up across the region to facilitate this access.
24. Community testing also needs to continue in other DHBs across New Zealand. There should be a particular focus in ensuring workers in industries who have contact with travellers from Auckland have increased access to testing. Pacific peoples and Māori communities should continue to be prioritised.
25. We anticipate approximately 50,000 tests per week, including the mandatory border testing. Based on population size and the epicentre of the outbreak, we would expect approximately 40 to 50 percent of tests to take place in the Auckland region. More detailed guidance on testing numbers for each DHB is attached as an appendix.
26. **Both in Auckland and the rest of New Zealand the priority is testing symptomatic people.**

### What should the Auckland region focus on?

27. The focus in Auckland should be on:
  - a. Continued rapid case identification and contact isolation
  - b. Identifying undetected community transmission, particularly to provide assurance for Pacific, Māori and MELAA communities
  - c. Continued source ascertainment
  - d. Providing assurance on the public health measures at the border, including implementing the mandatory border order.
28. These objectives can be achieved by undertaking the following testing activities over the next 2 weeks:
  - a. The Auckland region to continue targeting testing by geographic locations to ensure access for communities and in specific areas related to cases or settings with the target populations
  - b. Continuing testing provision to match testing demand for symptomatic people in the community across metro Auckland

- c. Continuing to trace contacts of cases and test as appropriate, including at Day 12
  - d. Ensuring rapid access for close contacts to be tested through CTCs
  - e. Continuing to test border workers.
29. To ensure that testing is equitably available, the Auckland region will develop the above approaches with Pacific, Māori and MELAA community and health leaders.
30. In developing the local plan, lessons learned to date need to be taken into account, including:
- a. one size does not fit all and different approaches will be needed for the different communities that need to be targeted
  - b. clear messaging for the communities is needed, including what to do while waiting for a result and the implications of a positive test for the person and their family
  - c. clear instructions for the sector on who should be tested.
31. It is also important that Group A streptococcal (GAS) throat infections are considered and managed appropriately in any Māori and Pacific children and young people who present to primary care services or CTCs. For this priority population, it is also reasonable to take a throat swab to identify GAS and / or empiric antibiotics.

### What should the rest of New Zealand focus on?

32. The testing approach for the rest of New Zealand should remain on testing:
- a. those with symptoms consistent with COVID-19
  - b. border workers, including implementing the mandatory border order.
33. It is important that DHBs continue to focus on facilitating access to COVID-19 for Māori and Pacific people.
34. DHBs, particularly those which get regular travel from the Auckland region (particularly Northland, Waikato and, in general, the upper North Island), are asked to implement specific initiatives to ensure that the following groups have access to symptomatic testing:
- a. Hospitality workers, including hotel, restaurant staff
  - b. Public-facing tourism workers
  - c. Public-facing transport workers (e.g. bus, taxi, uber)
- DHBs should consider implementing a programme of asymptomatic testing for this group.
35. In particular, regions which receive visitors from Auckland should ensuring that testing is available to the above groups, and, in particular, prioritising Māori and Pacific peoples. These regions include Northland and Waikato, and in general the upper part of the North Island.
36. This approach is particularly relevant with the upcoming school holidays which will commence on 26 September 2020.

## All of New Zealand

37. The above approach should be clearly communicated to primary care as well as the wider sector.
38. The following key messages should stay consistent:
  - a. Wash your hands regularly
  - b. Observe physical distancing
  - c. Cough and sneeze into your elbow or a tissue
  - d. Stay at home if you are unwell
  - e. Ring Healthline or your GP if you are unwell for advice.
39. This strategy does not recommend focusing on widespread asymptomatic testing of communities. However, consideration can be given to offering asymptomatic testing to the following groups if they present to primary care:
  - a. Health workers, including Aged Residential Care workers
  - b. Hospitality workers, including hotel, restaurant staff
  - c. Public-facing tourism workers
  - d. Public-facing transport workers (e.g. bus, taxi, uber)
  - e. Close contacts of border workers.